



UK Health
Security
Agency

Older adult RSV programme: introduction of a new immunisation programme. A webinar for health professionals

12th July 2024
14:30 – 15:45

Older adults programme

- Welcome – Dr Julie Yates (UKHSA)
- A clinical perspective – Professor Wei Shen Lim (Nottingham)
- Epidemiology, vaccination & safety – Dr Conall Watson (UKHSA)
- Vaccine and supporting documentation for HCPs: Helen Eley (UKHSA)
- Programme delivery – Caroline Temmink (NHS England)
- Resources and communications – Cherstyn Hurley (UKHSA)
- Q&A

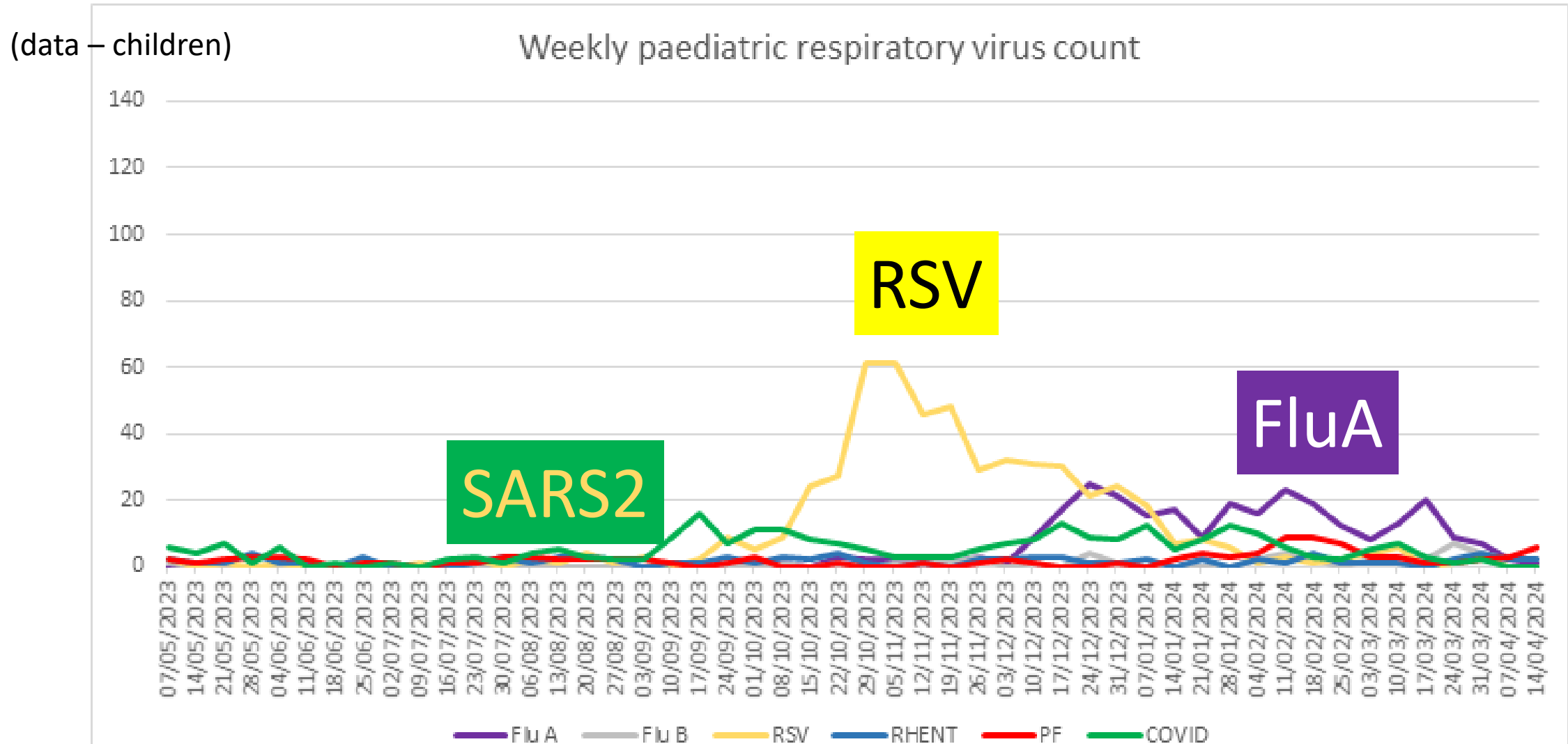
RSV in adults: a clinical perspective

Wei Shen LIM

Consultant Respiratory Physician, Nottingham University Hospitals NHS Trust,
Honorary Professor of Respiratory Medicine, University of Nottingham

Winter viruses: 2023/24 in Nottingham

Children tested for flu, RSV, SARS-CoV2



RSV in adults: under-recognised?

1. Variation year-to-year
2. Under-testing in adults
3. Variable sensitivity of tests

Meta-analysis of RSV tests (*co-authors include Pfizer employees*)

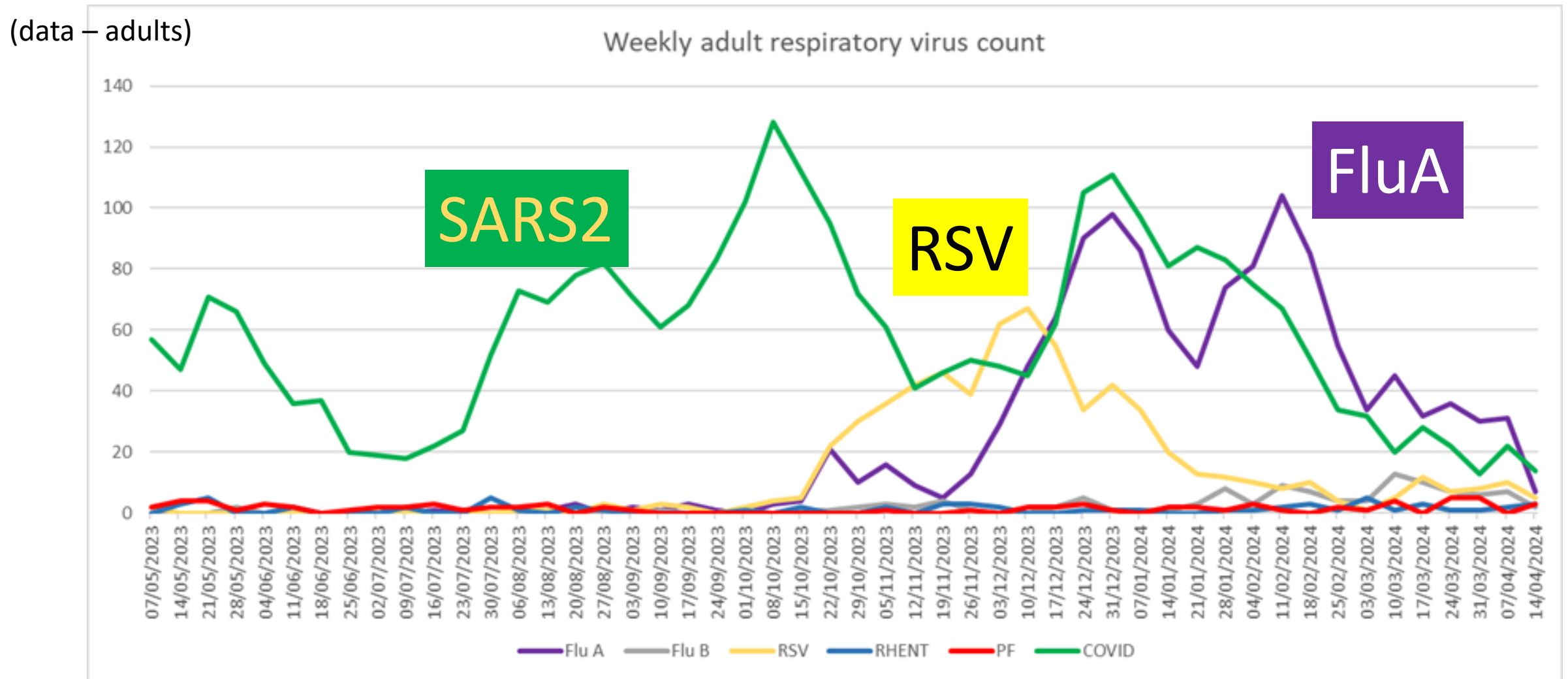
Compared to RT-PCR, other methods were less sensitive:

- rapid antigen detection test (RADT) 64% sensitivity
- direct fluorescent antibody (DFA) 83% sensitivity
- viral culture 86%

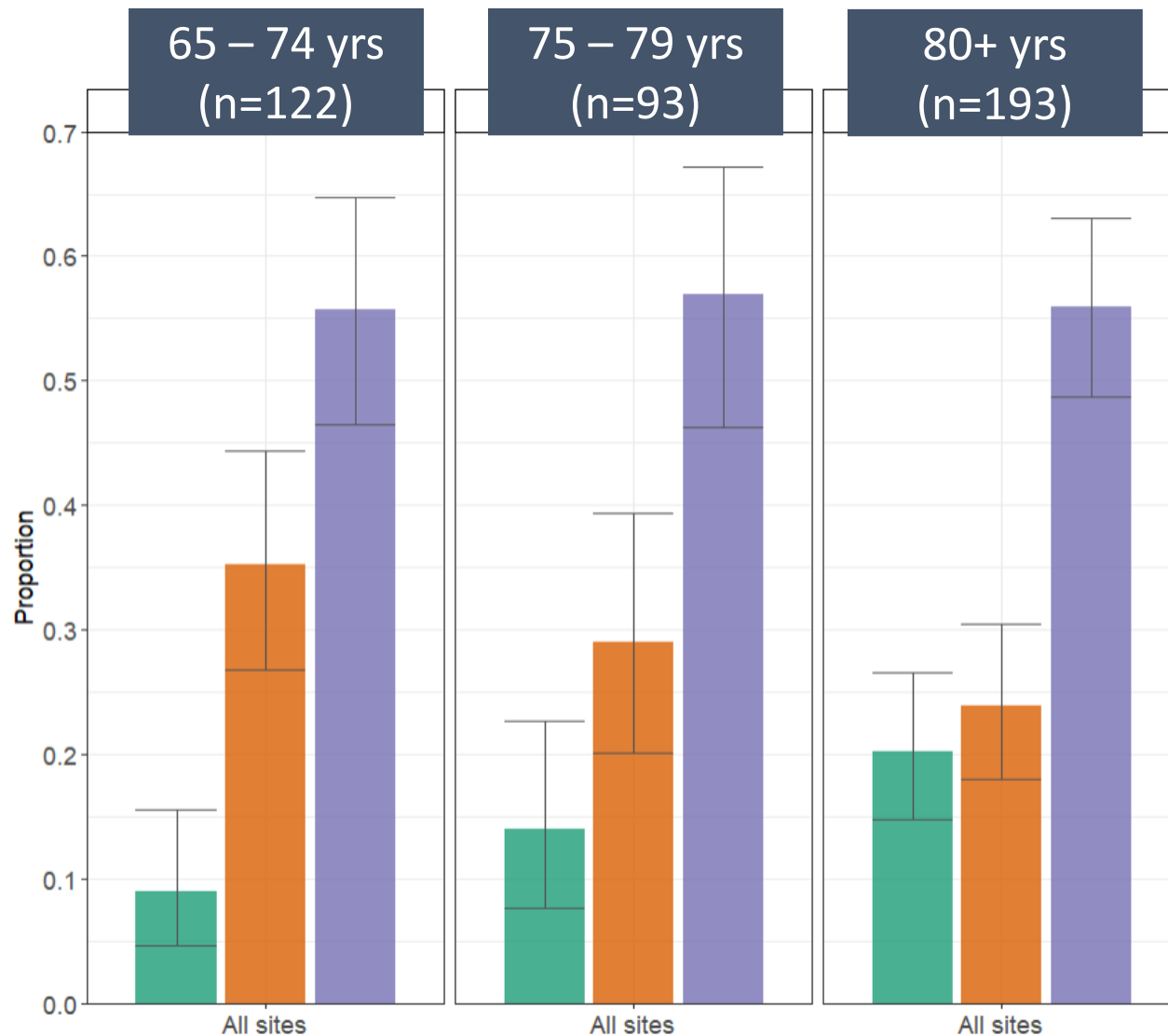
Adding sputum sample to NP-PCR increased detection by 52%

Winter viruses: 2023/24 in Nottingham

Over winter, all adults tested for flu, RSV, SARS-CoV2 upon admission



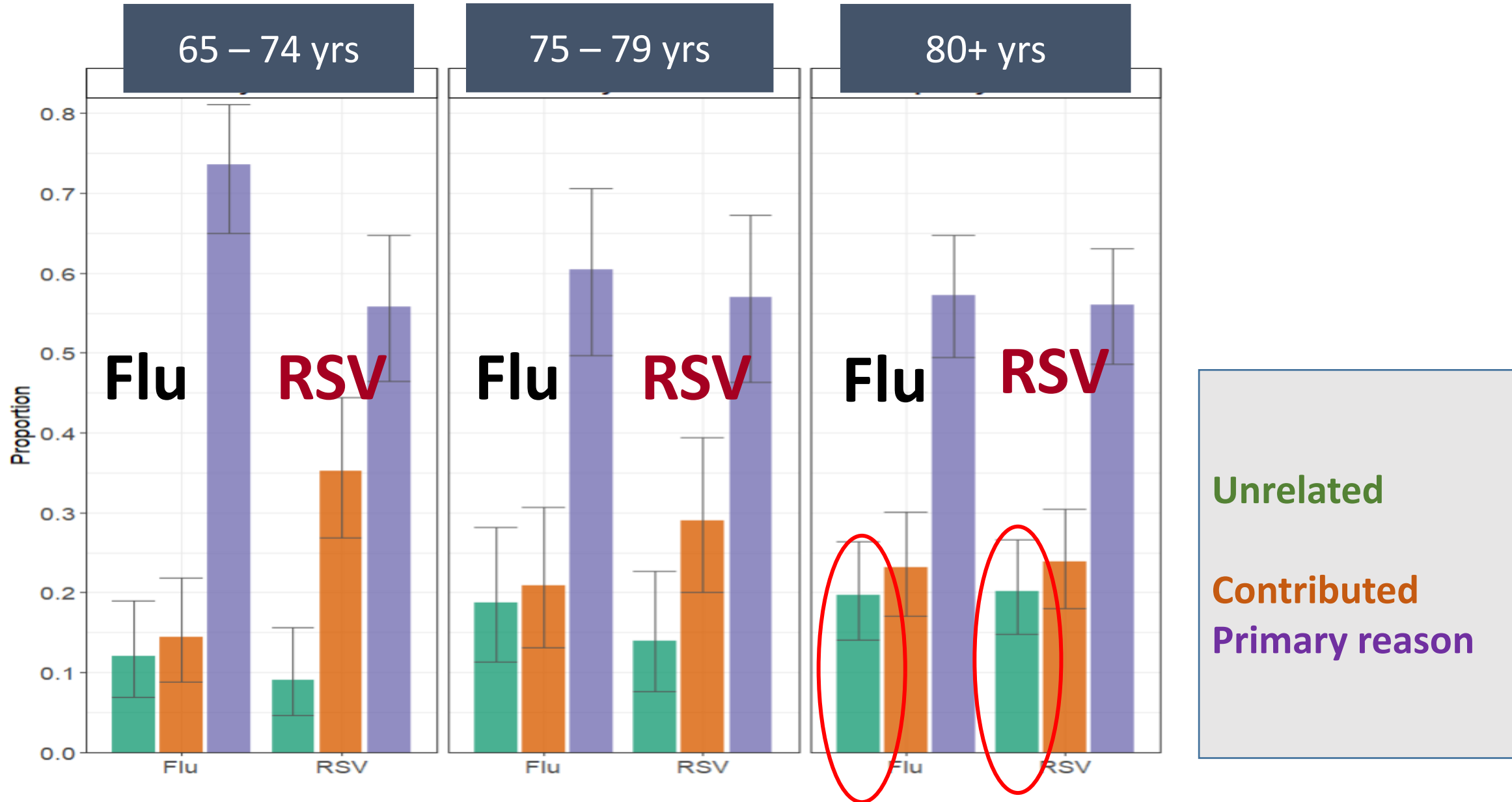
Reason for hospital admission when RSV detected



4 hospitals: 2023/24 winter
All RSV positive cases

Unrelated
Contributed (eg. cardiac failure)
Primary reason for admission

Flu v RSV: Reason for admission

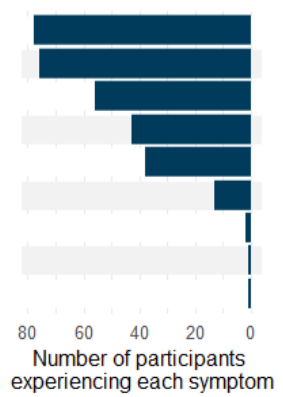
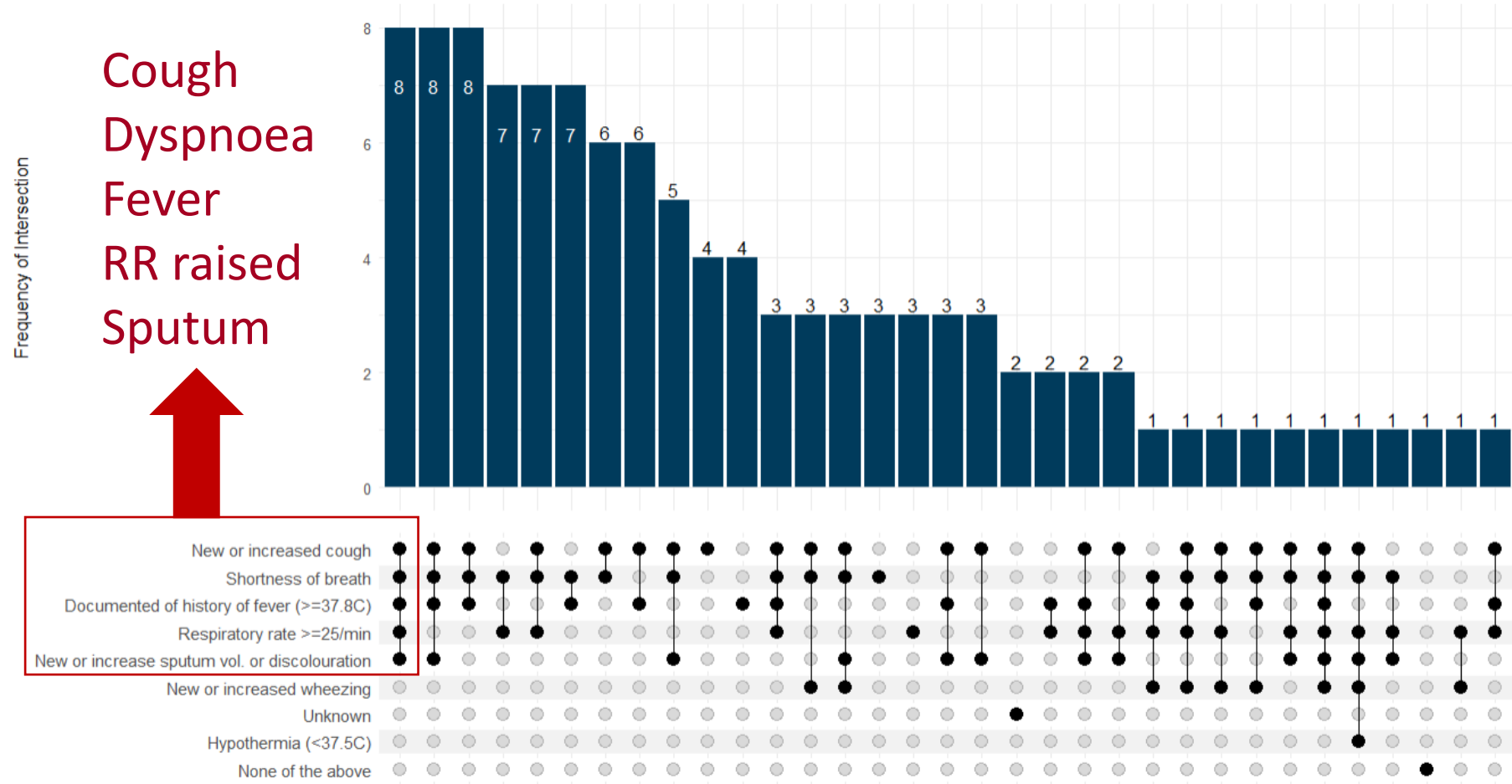


Who is hospitalised?

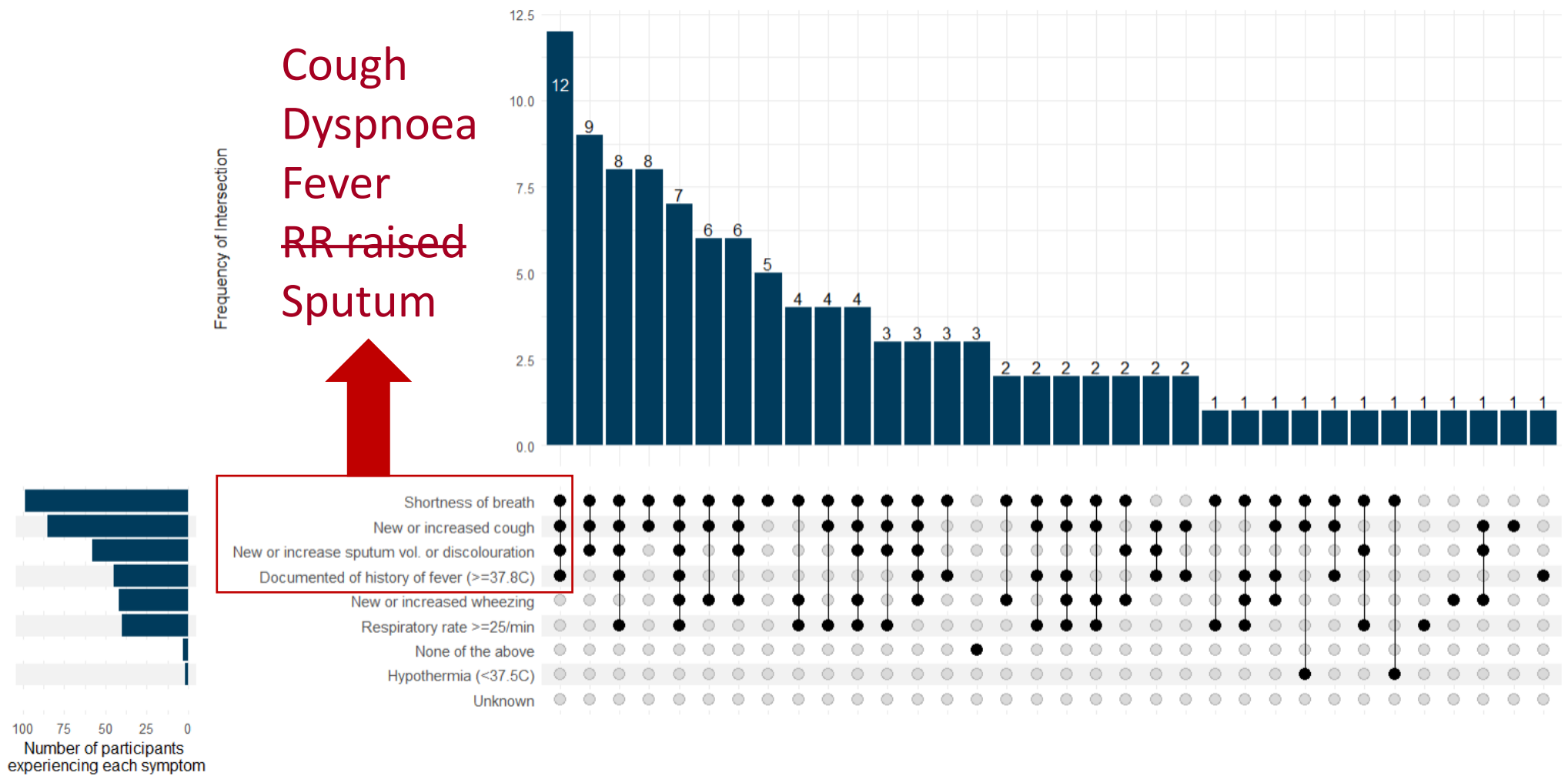
	Influenza			RSV			
	age	65-74 n=110	75-79 n=74	80+ yrs n=139	65-74 n=111	75-79 n=80	80+ yrs n=154
≥1 comorbid illness (%)		81	81	83	84	93	88
Immunosuppression (%)		14	15	12	23	21	10
Diabetes (%)		33	34	37	26	28	21
Chronic kidney disease (%)		23	30	42	15	26	40
Chronic respiratory (%)		43	46	33	56	55	42
Chronic heart (%)		26	27	42	30	39	42

Symptom profiles for influenza cases and their frequency (65 to 74 years)

ARI primary or contributing reason for admission



Symptom profiles for RSV cases and their frequency (65 to 74 years) *ARI primary or contributing reason for admission*



Severity outcomes

(ARI primary reason or contributed to admission)

	Influenza			RSV		
	65-74 (n=110)	75-79 (n=74)	80 plus (n=139)	65-74 (n=111)	75-79 (n=80)	80 plus (n=154)
Oxygen (cannulae/mask)	75%	70%	78%	70%	65%	73%
High-flow nasal oxygen (HFNO)	4%	1%	1%	2%	3%	5%
Non-invasive ventilation (NIV) or CPAP	5%	3%	0	3%	5%	3%
ICU admission	3%	0	0	2%	0	0
None of the above	22%	28%	19%	29%	31%	22%

Mortality

(ARI primary reason or contributed to admission)

	Influenza			RSV		
Age (years)	65-74 (n=109)	75-79 (n=64)	80 plus (n=123)	65-74 (n=111)	75-79 (n=80)	80 plus (n=154)
Died as a result of ARI or its complications	5%	3%	5%	8%	6%	8%
All cause deaths at 30 days	6%	6%	7%	7%	9%	12%
All cause deaths at 60 days	7%	8%	10%	11%	11%	16%

*From clinical data collection, completed at discharge or 30 days, whichever is sooner

RSV in US hospitalised adults 2017 - 2020

- Prospective surveillance study. New York, 2 hospitals. 3 seasons.
- Adults with ≥ 2 ARI symptoms or exacerbation cardiorespiratory dis
n=10,860 eligible \rightarrow 10,078 tested \rightarrow 1,099 RSV pos (10.9%)

Age (median)	69 years (59% were 65+ years)	5
Diabetes	40%	
Chronic resp disease	51%	
Chronic heart disease	49%	
Immunosuppression	27%	
ICU admission	14%, 16% (MV 6%, 9 %)	
Mortality	4%, 7%	

RSV in adults: management

- No specific antiviral therapy. Supportive management
- Management of de-stabilised comorbid illness
- Variable infection control practices

RSV basic reproduction number (R_0) = 3 to 9.

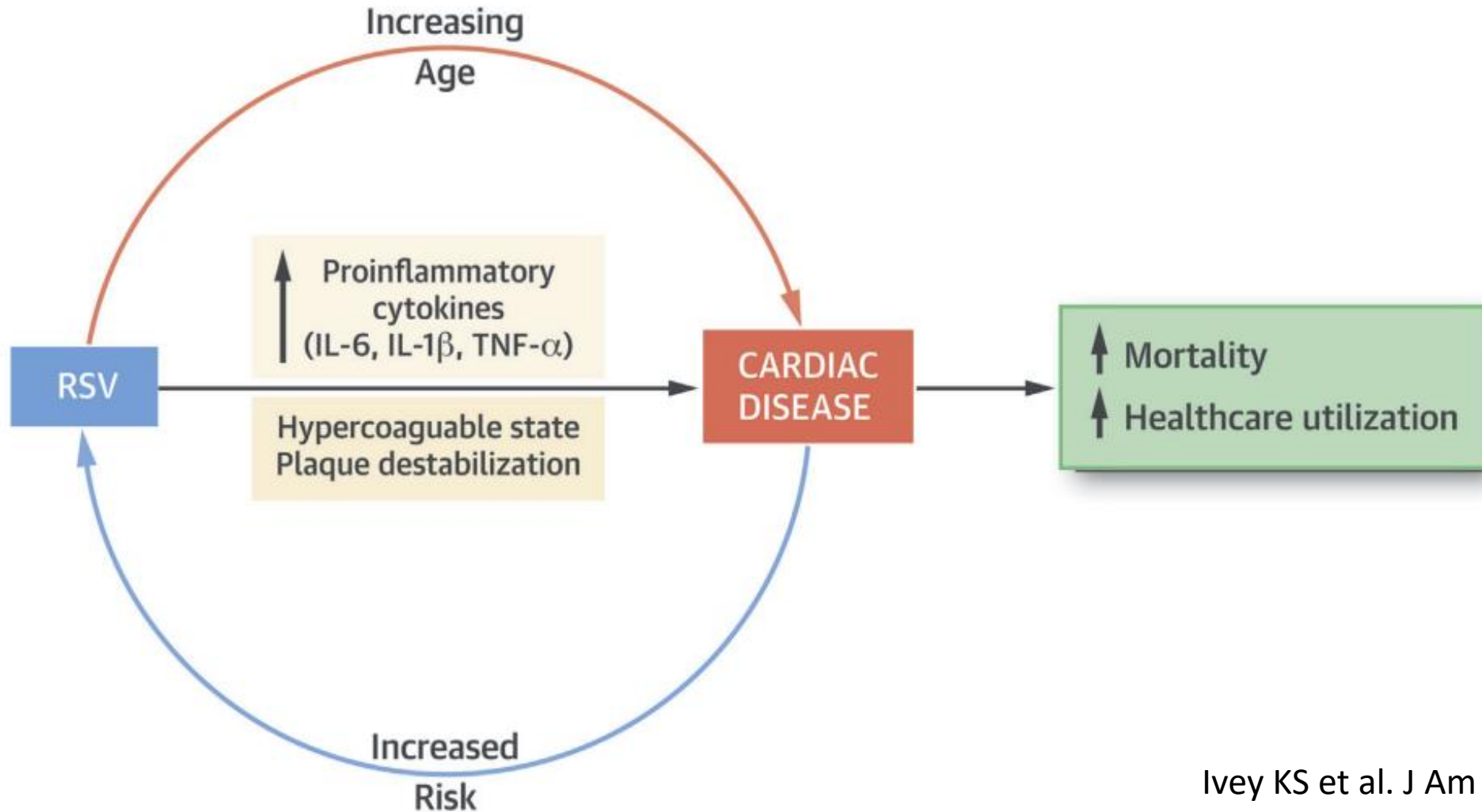
Higher value: Data from the Netherlands.

High infection attack rates per epidemic: 67- 79% in infants, 3 – 18% in adults 65+ years.

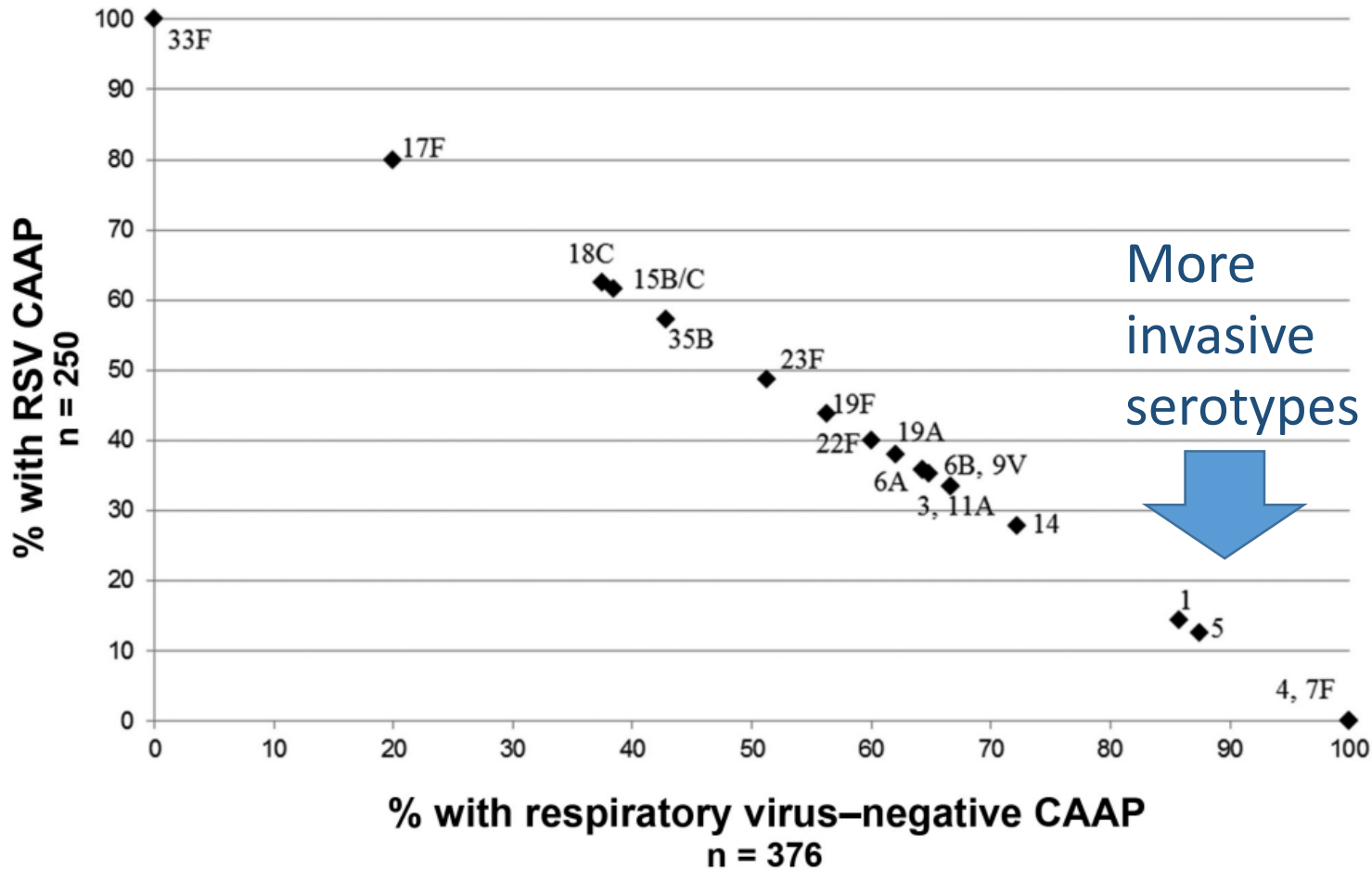
Seasonal flu effective $R_e \sim 1.5$

Van Boven M. JID 2020. Rory Thompson et al. Int J Inf Dis Sep 2022.

RSV and cardiovascular disease



RSV and pneumococcal pneumonia



Hospitalised children < 5 years
Israel
NP swabs – pneumococcus, viruses

In (bacterial) pneumonia, RSV cases associated with less invasive serotypes in NP.

RSV may impact pneumococcal:

- Epidemiology
- Virulence

SUMMARY

- RSV is under-recognised in adults
- Clinical presentation is similar to flu
- Severity of illness is similar to flu
- It is associated with heart disease & chronic lung disease
- There is no RSV-specific therapy



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RSV public health perspective: from surveillance to immunisation

Conall Watson MPharm PhD FFPH
Consultant Epidemiologist
Immunisation and Vaccine-preventable Diseases Division

RSV prevention

- Respiratory transmission precautions
 - sneezing/coughing into bend of the elbow
 - Handwashing with soap
 - Ideally limit contact with vulnerable persons if unwell
- Reducing the risk of/from severe disease
 - Prevention/management of long-term conditions
 - Smoking cessation
- Immunisation



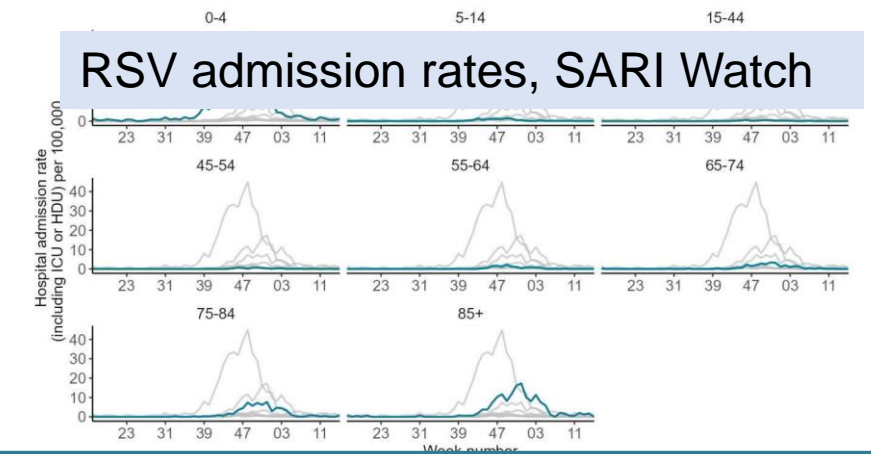
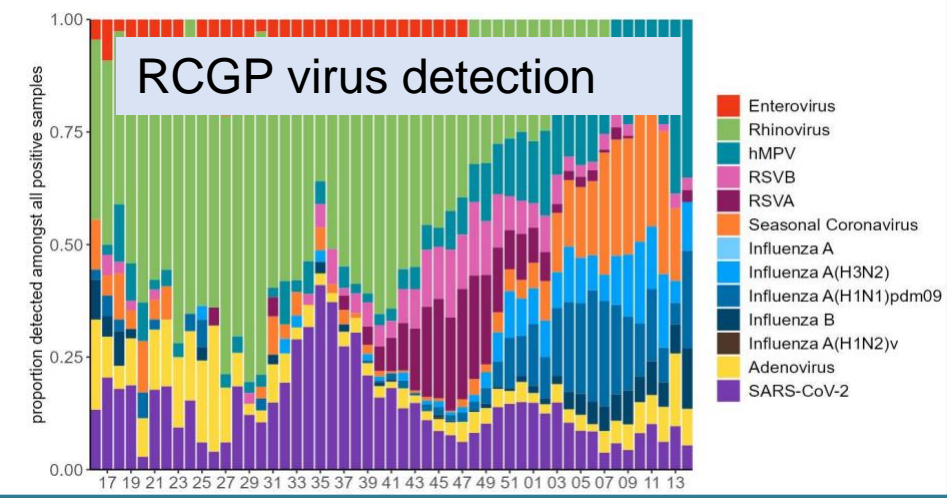
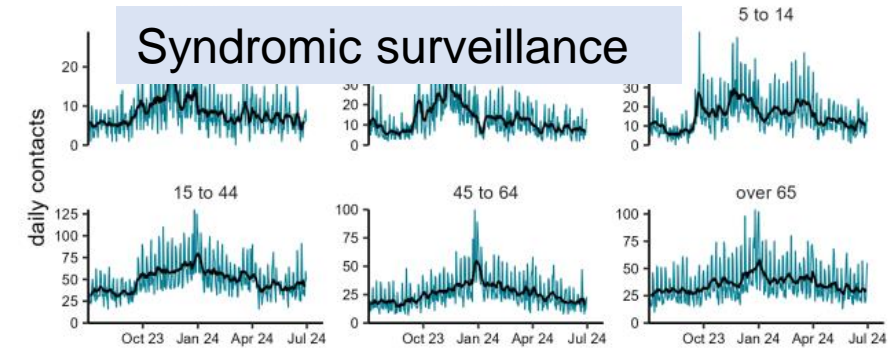
RSV surveillance

UKHSA monitors RSV activity in England through the season - published at gov.uk/government/collections/weekly-national-flu-reports

RSV surveillance is also used to inform immunisation policy, such as JCVI advice.

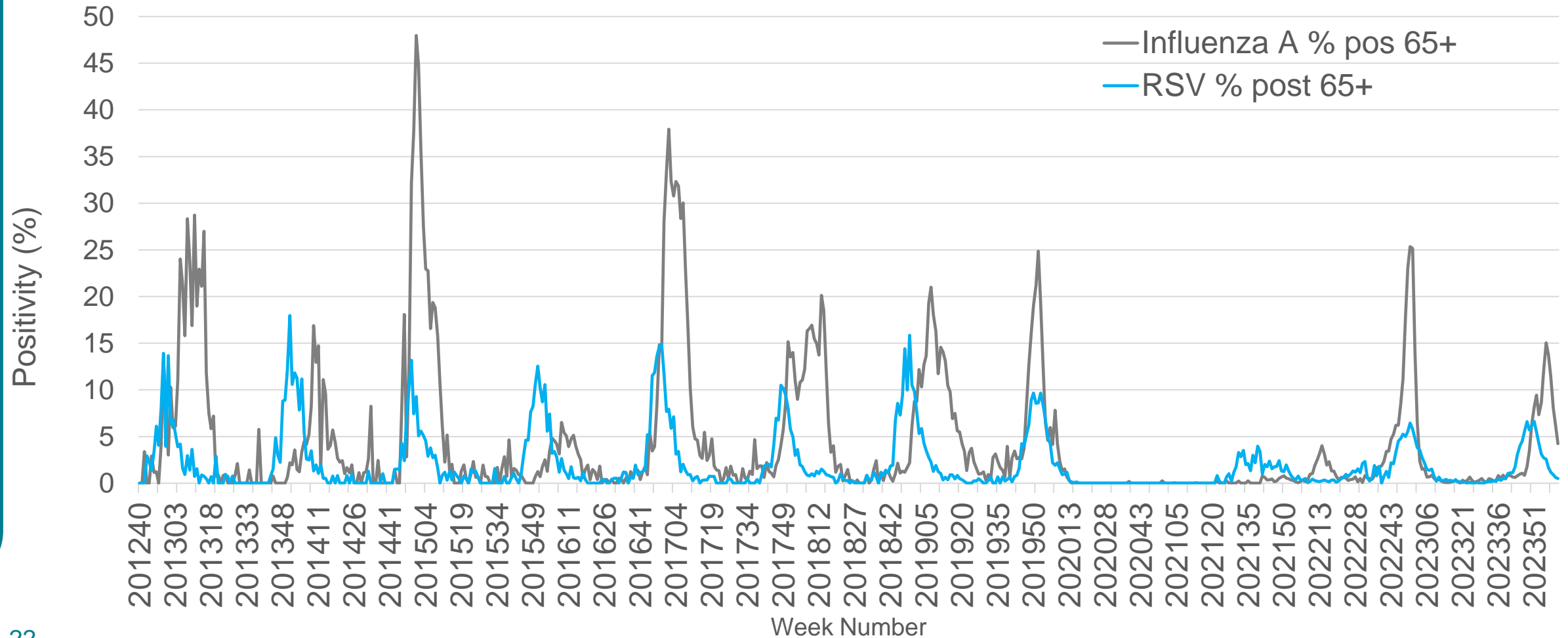
UKHSA will be monitoring the impact, equity and effectiveness of the RSV immunisation programme and supporting MHRA with safety monitoring.

GP out of hours: difficulty breathing or wheeze or asthma by age (years)
02/07/2023 to 30/06/2024



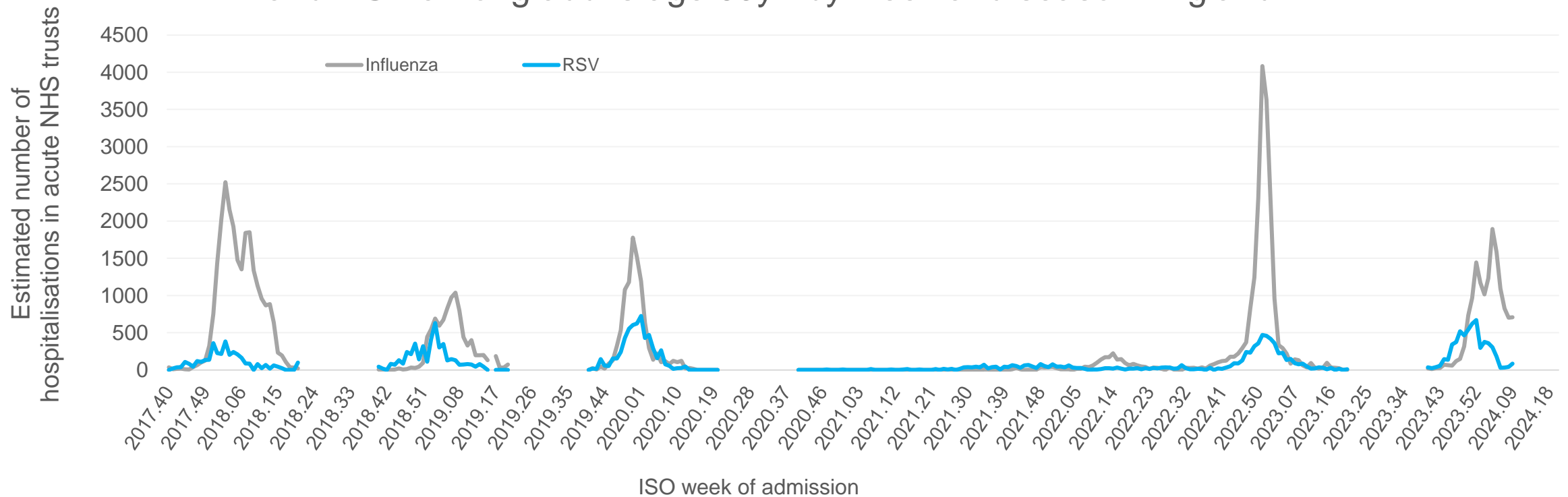
Winter seasonality

Positivity (%) of influenza A and RSV in the 65+ age group by week, 2012-2024, Datamart



RSV admissions, England sentinel hospital surveillance

Estimated number of hospitalisations for confirmed influenza and RSV among adults age 65y+ by week and season England*



*estimates based on sentinel surveillance (SARI-Watch, UKHSA) and ONS population data including 2021 census

RSV infection over the life course

Early Years

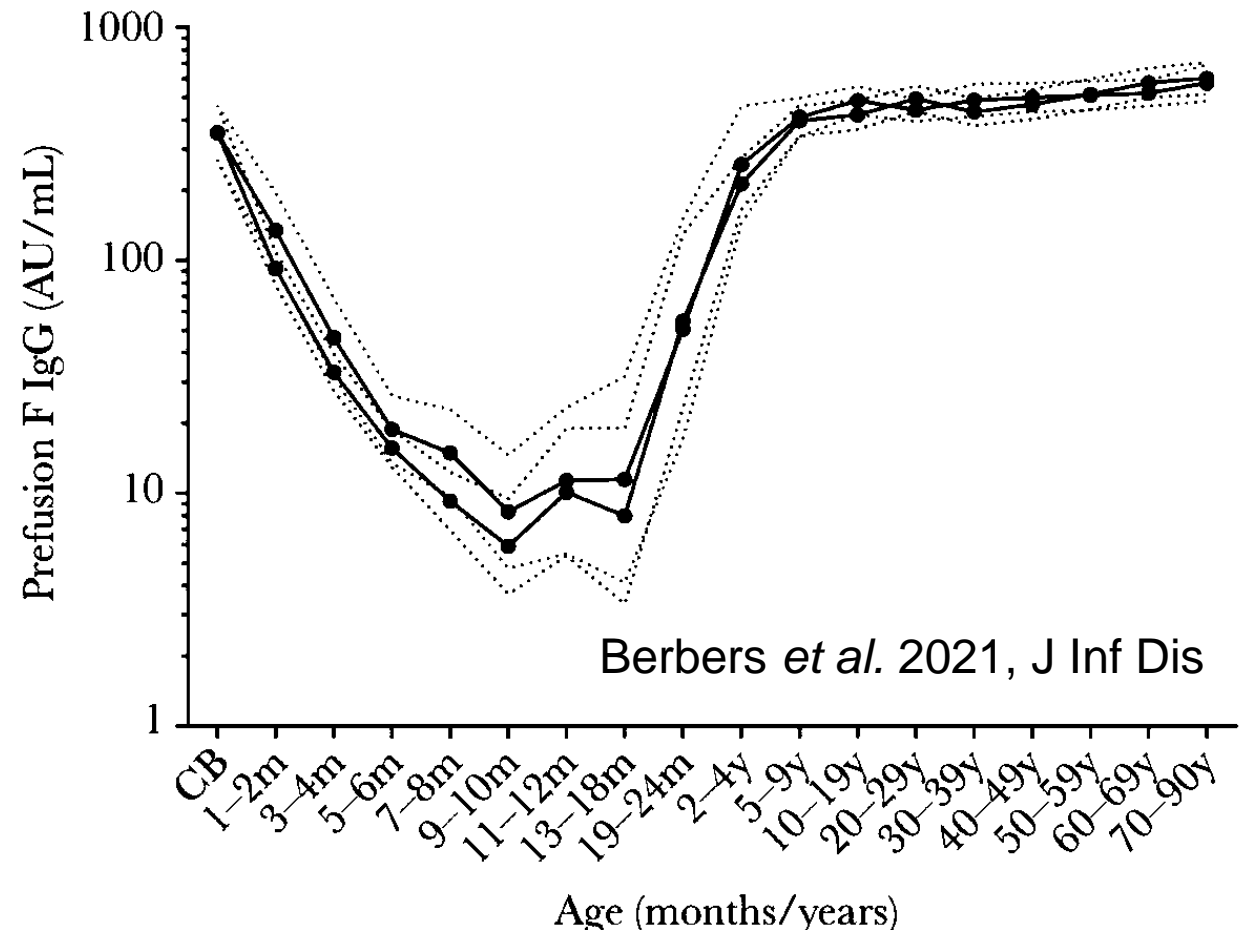
~90% of people are infected at least once by age 2 years. Small airways

Lifetime

Immunity is partial: repeat (mild) infections are the norm.

Older Age

T-cell immunosenescence may lead to vulnerability to severe RSV disease [1]. Co-morbidities.



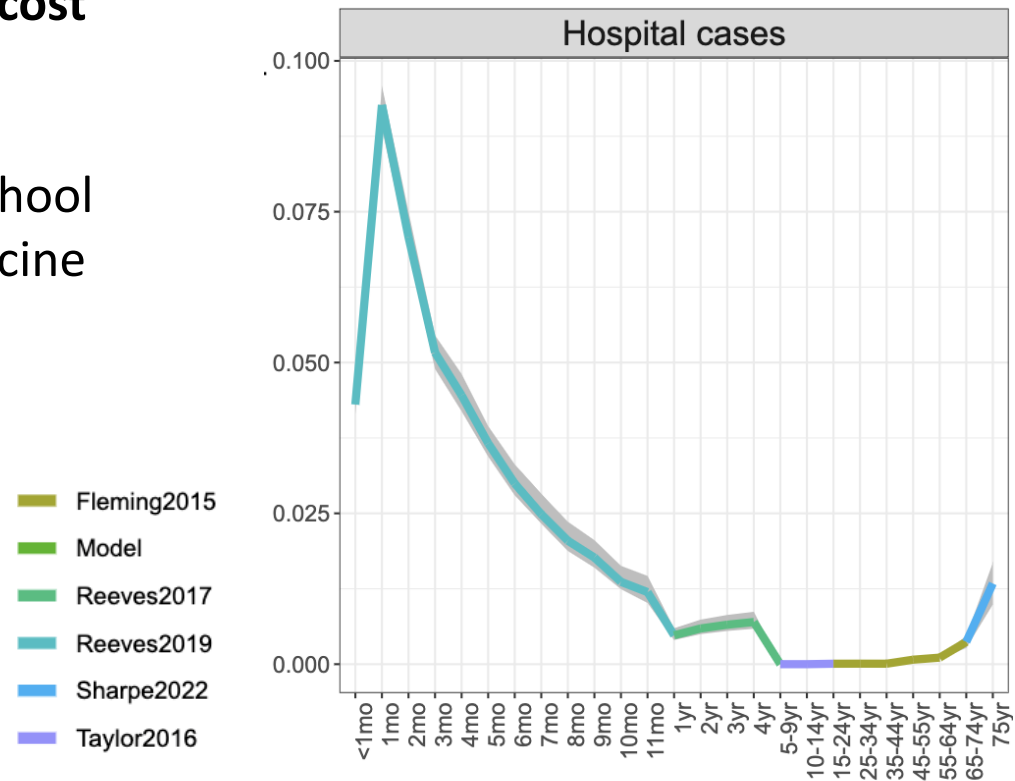
Older adult RSV mortality

Analysis	Estimated adult 65yo+ RSV deaths per year, England	Approach
Cromer, 2014	4989	Hospital regression
Fleming, 2015	7915	Population mortality regression
Sharp 2021 admissions x Li 2023 CFR	854	Hospital regression, England. Case-fatality risk (CFR) estimate (6%) in hospitalised patients, international
SARI Watch x DataMart CFR	473	Surveillance reports, CFR 10% estimate
Nottingham stratified, 2023 unpublished	557 (95% CrI 421 to 725) in 65-74yo	Hospital enhanced surveillance, confirmed admissions (65 per 100,000 population) and CFR (12.5%)
	1943 (1641 to 2270) in 75yo+	Hospital enhanced surveillance, confirmed admissions (225 per 100,000 population) and CFR (18.7%)

JCVI assesses a wide range of evidence, including safety, efficacy over time, operational aspects and impact

Risk of event per infection, by age group, synthesis by David Hodgson, LSHTM

Modelling of the **impact and cost effectiveness of potential immunisation strategies** was undertaken by the London School of Hygiene and Tropical Medicine to inform JCVI's advice



JCVI advice, June/September 2023

Disease burden

“JCVI recognises that there is a **significant burden of RSV illness** in the UK population and **unmet public health need** which has a **considerable impact on NHS services** during the winter months.

Cost-effectiveness

The committee notes an RSV vaccine **programme for adults aged 75 years and above could be cost-effective** at a potential price that combines the cost of the product and its administration, noting that this would be **influenced by multi-year protection from a single dose**

Target group

The committee was **strongly in favour** of having an impact on RSV and advised a programme for those aged over 75 years. The committee suggested an **initial programme to potentially vaccinate a cohort aged from 75 to 80 years old, and then for those turning 75 years in subsequent years.**

Choice of vaccine

JCVI currently does **not have a preference among the products** it has reviewed as **efficacy is broadly comparable** and there are **no head-to-head studies** to allow direct comparison, and so **subject to licensure**, they can be considered **equally suitable** for an older adult RSV immunisation programme at this time.

Evidence gaps

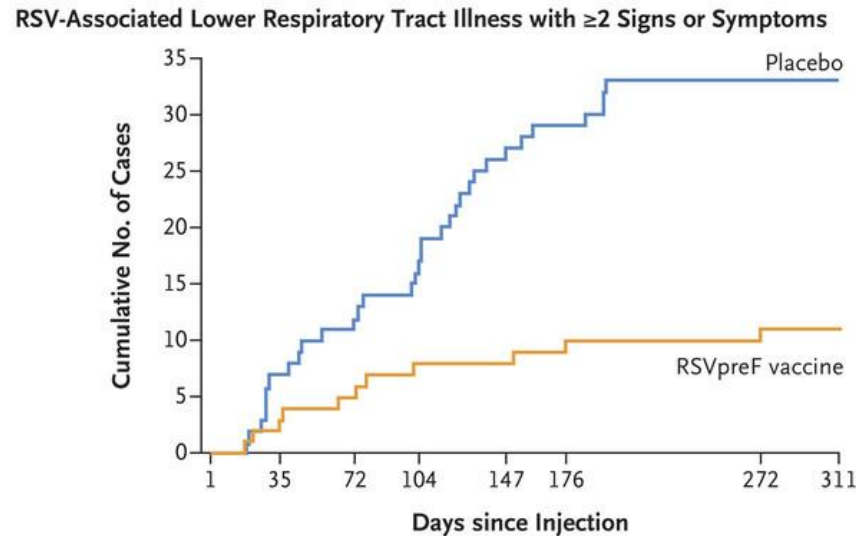
An extension to the initial programme would be considered when there is **more certainty about protection in the very elderly** and the **real-world impact** of the programme in the 75 to 80 year olds. Advice for the programme would be guided by **emerging evidence on duration of protection and disease incidence.**

Implementation

Immunisation might **ideally be delivered to time with the RSV season**, but it was for NHS England and the devolved administrations to work out how best to operationalise this.

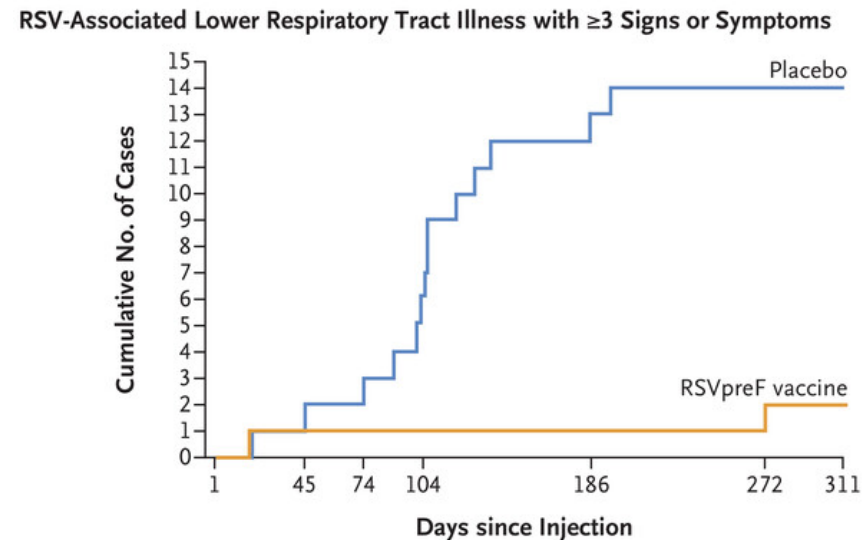
Efficacy of Abrysvo[®] pre-F vaccine (Pfizer)

Multi-country, randomised, double-blind, placebo-controlled trial [Ref 1] with 18,488 getting vaccine and 18,479 placebo. Participants were ethnically diverse; age bands 60-69 years (63%), 70-79 years (32%) and ≥ 80 years (5%). Immunosuppression was an exclusion criteria.



End of 1st
season efficacy:
[Ref 2]

LRTI with 2+ signs/symptoms
65.1%
(95%CI: 35.9 to 82.0%)



LRTI with 3+ signs/symptoms
88.9%
(95%CI: 53.6 to 98.7%)

[1] Walsh *et al.* Efficacy and Safety of a Bivalent RSV Prefusion F Vaccine in Older Adults *New Eng J Med.* 2023;388:1465-1477

[2] Pfizer, 2024. [pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-full-season-two](https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-full-season-two)

Potential impact of the RSV older adult programme

From the transmission model used for JCVI:

- With timely roll out and uptake comparable to influenza, in the first season the older adults catch-up programme could prevent around:
 - 500 deaths
 - 2,500 admissions
 - 15,000 GP visits
 - 60,000 illnesses

Unpublished, David Hodgson



Protection of Abrysvo[®] pre-F vaccine in the **second** winter

Extended follow up of the RENOIR Trial [Ref 1]

Full second season efficacy:
[Ref 2]

LRTI with 2+
signs/symptoms
55.7%
(95%CI: 34.7 to 70.4%)

LRTI with 3+
signs/symptoms
77.8%
(95%CI: 51.4 to 91.1%)

[1] Walsh *et al.* Efficacy and Safety of a Bivalent RSV Prefusion F Vaccine in Older Adults *New Eng J Med.* 2023;388:1465-1477

[2] Pfizer, 2024. [pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-full-season-two](https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-full-season-two)

Adverse reactions

The most commonly reported adverse reactions following Abrysvo vaccination were:

- pain at the vaccination site (11% of recipients).
- Redness and/or swelling at the injection site (each <10%)

Most reactions were mild and resolved within two days.

Vaccine safety

**Approved by MHRA
based on quality,
safety and efficacy:
“There are no major
safety concerns” [1]**

- A small number of cases of Guillain-Barré syndrome (GBS) have been reported in older adults following vaccination with Abrysvo[®] in the trials and in post-marketing surveillance in the USA [2-3].
- GBS is a rare and serious condition that affects the nerves. It mainly affects the feet, hands and limbs, causing problems such as numbness, weakness and pain. In severe cases, GBS can cause difficulty moving, walking, breathing and/ or swallowing. Most people make a full recovery but it can be life-threatening. GBS is most common following infection, including campylobacter and influenza.
- Around 4.4 cases of GBS were reported for every million doses of Abrysvo[®] given to recipients in the USA (against a background rate of 0.5 per million people vaccinated with vaccines considered not to have association with GBS).
- **Overall, the benefits of RSV protection in the eligible group are highly favourable relative to the risks of serious adverse reactions.**

Co-administration of RSV vaccine with other routine older adult vaccines

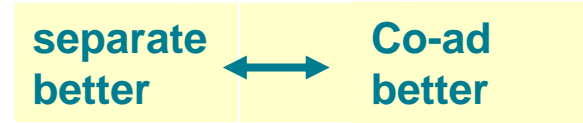
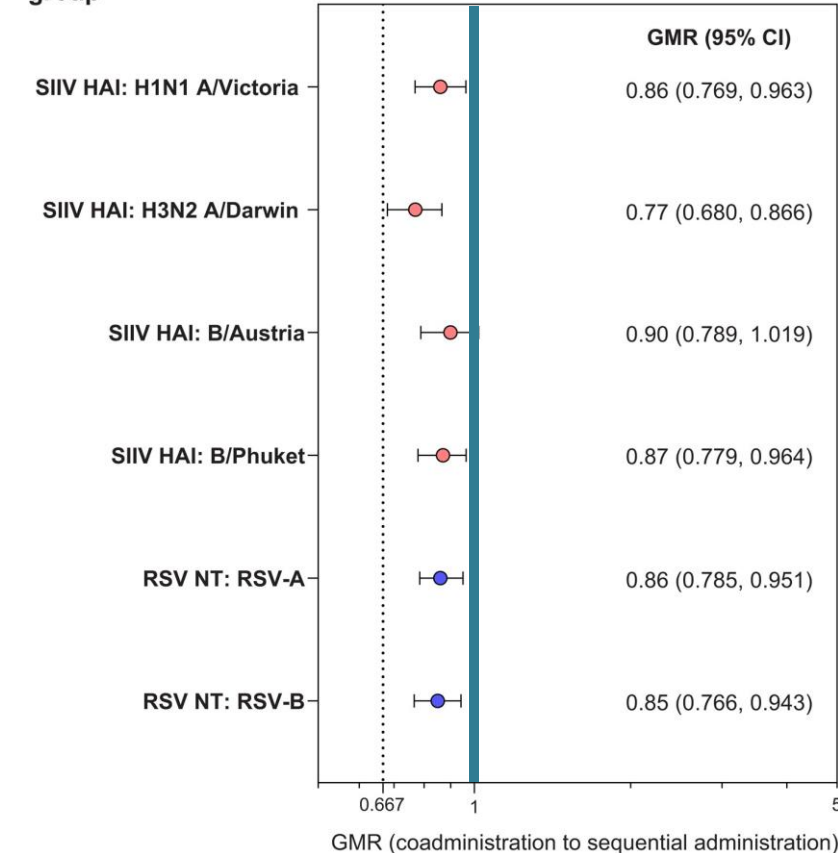
Product	Can be co-administered with RSV vaccine in older adults?
Influenza vaccine	Yes but don't routinely schedule
COVID-19 vaccine	Yes but don't routinely schedule
Pneumococcus vaccine	Yes
Shingles vaccine	Yes

Coadministration of Abrysvo with adjuvanted flu vaccine was associated with lower immune responses to both RSV and influenza, particularly A/H3N2 [1]. Some data shows lower RSV response with COVID-19 vaccination (unpublished).

Recommended that older adult RSV vaccine is not routinely scheduled at the same appointment or on the same day as an influenza or COVID-19. No specific interval is required between administering the vaccines.

If an individual is unlikely to return for a second appointment, or immediate protection is necessary, RSV vaccine can be administered at the same time as influenza and/or COVID-19 vaccination.

Comparison of coadministration group to sequential administration group



[1] Athan *et al.*, 2023. *Clin Infect Dis*
doi: 10.1093/cid/ciad707

Co-admin and programme timing

RSV letter

- To offer the best protection, we are asking systems and providers to vaccinate **as many people as possible during September and October 2024** prior to the expected RSV season.

COVID-19 NHS letter

- plan on a similar basis to last Autumn
- work on the basis that the COVID-19 and adult flu programmes will **commence in early October**. This maximises the opportunity for [COVID-19 and flu] co-administration

Influenza letter

- flu vaccine effectiveness can wane in adults
- JCVI have advised moving the start of the programme for most adults to the **beginning of October**.
- This is on the understanding that the **majority of the vaccinations will be completed by the end of November**, closer to the time that the flu season commonly starts

1. [GOV.UK/government/publications/respiratory-syncytial-virus-rsv-vaccination-programmes-letter](https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-vaccination-programmes-letter)
2. [England.nhs.uk/long-read/preparations-for-an-autumn-winter-2024-25-flu-and-covid-19-seasonal-campaign](https://www.england.nhs.uk/long-read/preparations-for-an-autumn-winter-2024-25-flu-and-covid-19-seasonal-campaign)
3. [GOV.UK/government/publications/national-flu-immunisation-programme-plan-2024-to-2025](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025)



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The Respiratory Syncytial Virus (RSV) vaccine and healthcare practitioner documentation

Helen Eley RN (A), MPH
Immunisation Advice Nurse
Design Implementation and Clinical Guidance Division UKHSA

Older adults RSV programme eligibility criteria

Inclusion

- adults turning 75 years of age on or after 1 September 2024 until their 80th birthday
- a one-off catch-up campaign for those already aged 75 to 79 years old on 1 September 2024 should be undertaken at the earliest opportunity with the aim of completing the majority by 31 August 2025
- adults who turn 80 years of age between 2 September 2024 and 31 August 2025 (i.e. within the 1st year of this programme) remain eligible up to and including 31 August 2025
- single dose
- year-round programme

Exclusion

- under 75 years of age
- 80 years (except catch-up cohort above) or older

Abrysvo® Pre-F RSV vaccine

- a non-live bivalent recombinant vaccine
- manufactured by Pfizer
- manufacturer have advised vaccine does not contain animal products
- full list of vaccine components and excipients in the Abrysvo® [Summary of product characteristics \(SPC\)](#)
- **black triangle** label
- Prescription only Medicine – PGD/PSD required



Vaccine ordering

Ordering

- via the [ImmForm website](#)
- should be ordered regularly throughout the year
- the same Abrysvo® vaccine will be used for both the older adult and the vaccination of pregnant women programmes. They will be listed as separate items on ImmForm and the vaccine allocated for each programme should be ordered and managed independently where possible.

Vaccine preparation

Each pack of Abrysvo® RSV vaccine contains:

- powder for 1 dose in a vial
- solvent (water for injection)
- vial adaptor
- 25G 25mm needle (suitable alternatives can be used if required)

[Manufacturer's instructional video for storage and preparation of the administration of Abrysvo](#)



Healthcare practitioner resources

All UKHSA healthcare practitioner resources relating to RSV vaccination for older adults will be available in the [UKHSA RSV immunisation programme collection](#).

- the Green Book: Immunisation against infectious disease: [RSV Green Book chapter \(27a\)](#)
- ***Information for healthcare practitioner's guidance***
- ***Training slide set***
- Patient Group Direction (PGD): [RSV vaccine](#)

- Pfizer Abrysvo® vaccine preparation [instructional video](#)
- Pfizer Abrysvo® [Summary of product characteristics](#)

RSV immunisation programme for older adults: Programme Delivery

Caroline Temmink





Background: what is NHS England's role in the delivery of the RSV immunisation programme?

- NHS England leads the NHS in England to deliver high quality, equitable services for all.
- NHS England regional teams are responsible for working with Integrated Care Boards (ICBs) to commission and pay practices to deliver the RSV immunisation programme.
- To support delivery of the RSV immunisation programme, NHS England is developing a short guidance document for practices.
- NHS England will work with UKHSA and DHSC to launch a public facing communications campaign to encourage uptake of the RSV vaccination amongst eligible groups.

Programme Delivery Model:

<p>Who will be eligible for the RSV vaccine?</p>	<p>Adults turning 75 years old on or after 1st September 2024 (routine programme).</p> <p>Adults aged 75- 79 years old as of 31st August 2024 (catch-up programme). In line with JCVI guidance, individuals will remain eligible until the day before their 80th birthday, with the exception of people who turn 80 in the first year who have until 31 August 2025 to get vaccinated.</p>
<p>When should the RSV vaccine be offered?</p>	<p>Routine programme: The RSV vaccine should be offered to eligible adults all year round.</p> <p>Under the terms of the Network Contract DES, practices will be able to collaborate within their Primary Care Networks to provide vaccination during core and enhanced hours to their collective registered population.</p> <p>Catch up programme: The RSV vaccine should be offered to eligible adults all year round. The expectation is that the catch-up activity will be undertaken at the earliest opportunity with the aim for the majority to be completed in the first year. To offer the best protection, providers are asked to vaccinate as many people as possible during September and October 2024 prior to the expected RSV season.</p> <p>Under the terms of the Network Contract DES, practices will be able to collaborate within their Primary Care Networks to provide vaccination during core and enhanced hours to their collective registered population.</p>
<p>Who will be responsible for delivery of the RSV vaccination?</p>	<p>General practice will be responsible for delivering the RSV older adult immunisation programmes. The service will be commissioned as a component of Essential Services with practices who will be required to proactively call/recall and provide vaccination to eligible patients, including their registered patients residing in care homes.</p> <p>Contractual requirements (including payment arrangements) will be set out in a revised Statement of Financial Entitlements (SFE).</p>
<p>Will there be a service specification for the older adult RSV programme?</p>	<p>A service specification for general practice will not be provided as it will be an essential service. NHS England are currently developing a short guidance document covering further helpful information for practices, including details on payment arrangements through GPES and CORs</p>

Programme Delivery Model:

<p>Who will be responsible for inviting eligible people for their RSV vaccine?</p>	<p>Practices will be responsible for proactively inviting individuals for their vaccine when they become eligible (i.e. from an individual's 75th birthday).</p> <p>Practices will also be responsible for proactively inviting individuals aged 75-79 years on 31 August 2024 as soon as possible. The expectation is that the catch-up activity (for adults aged 75-79 years old as of 31st August 2024) is undertaken at the earliest opportunity with the majority completed in the first 12 months of the programme.</p> <p>Practices may consider liaising with their GPIT supplier to determine whether they are able to provide practices with a template to identify eligible patients.</p>
<p>Who will be responsible for booking vaccination appointments?</p>	<p>Practices must ensure that all eligible adults who request an RSV vaccination are offered an appointment.</p>
<p>How will supply of the RSV vaccine be managed?</p>	<p>Practices should order Abrysvo® online via the ImmForm website.</p> <p>Abrysvo® will be available to order from 1st August 2024 and practices will be able to monitor their orders and deliveries through ImmForm.</p> <p>It is recommended that providers order no more than 2 weeks' worth of stock.</p>

Programme Delivery Model:

Can the RSV vaccine be co-administered with other vaccines?

Older adults:

Abrysvo® should not be routinely scheduled to be given to older adults at the same appointment or on the same day as an influenza or COVID-19 vaccine.

Abrysvo® can be given at the same time as pneumococcal, shingles vaccine and any live vaccines. No specific interval is required between administering the vaccines.

If it is thought that the individual is unlikely to return for a second appointment or immediate protection is necessary, Abrysvo® could be administered at the same time as influenza and/or COVID-19 vaccine.

Pregnant women:

Abrysvo® should not be routinely scheduled with other vaccinations in pregnancy.

Pregnant women can have Abrysvo® co-administered with inactivated influenza vaccine, COVID-19 vaccine and/or anti-D immunoglobulin, if necessary. When more than one vaccine is administered, it should be at different sites, preferably different limbs.

If a pertussis containing vaccine has not been given by the time of attendance for Abrysvo® RSV vaccine, both vaccines can and should be given at the same appointment to ensure prompt development of immune response.

Roles and responsibilities

Providers are responsible for:

- Ensuring that they have read the information for Healthcare Practitioners document and the RSV training slide set.
- Ensuring that the template PDG is approved before 1st September 2024.
- Identifying older adults and informing them of their eligibility for the RSV vaccine, and proactively recalling individuals. This includes signposting them to relevant NHS resources such as the patient information leaflet.
- Ordering vaccines via the ImmForm website. Practices should ensure that there is an ImmForm account set up for their organisation.
- Ensuring all eligible older adults who request an RSV vaccination are offered an appointment, this includes patients resident in a care home. Appointments should be delivered in a suitable and appropriate location.
- Administering RSV vaccinations.
- Ensuring vaccination events are recorded onto GPIT systems.



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Respiratory Syncytial Virus maternal vaccination programme publications

July 11 2024

UKHSA Communications and Immunisation – Design,
Implementation and Clinical guidance depts.

Respiratory Syncytial Virus Programme Letter

From 1 September 2024, a vaccination for Respiratory Syncytial Virus (RSV) will be available for:

1. Older adults aged 75 to 79
2. Pregnant women who are at least 28 weeks pregnant

More details can be found on the [RSV programme letter](#) on GOV.UK.

Correspondence

Introduction of new NHS vaccination programmes against respiratory syncytial virus (RSV)

Published 24 June 2024

Applies to England

Contents	24 June 2024
Programme for older adults aged 75 to 79 years old	To:
Programme for pregnant women to protect infants	Trust:
Annexe A. Detailed information and guidance for healthcare professionals – Older adult programme	<ul style="list-style-type: none">• chief executives• chief operating officers• medical directors
Annexe B. Detailed information and guidance for healthcare professionals – pregnancy vaccination for infant protection programme	<ul style="list-style-type: none">• chief pharmacist• chief nurses• head of midwifery
Annexe C. Detailed information and guidance for healthcare professionals – both programmes	Integrated Care Boards (ICB): <ul style="list-style-type: none">• chief executives• chief operating officers

RSV Collection on GOV.UK

The [RSV Collection](#) holds a range of information on the programme for the public and professionals.

This includes the following documents:

1. RSV Vaccination Programme Letter
2. JCVI advice on a RSV vaccination programme
3. RSV for older adults leaflet and poster
4. RSV for pregnant women leaflet and poster

Respiratory syncytial virus (RSV) is an enveloped RNA virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. RSV is one of the common viruses that cause coughs and colds in winter. RSV is transmitted by large droplets and by secretions from contact with an infected person.

Infants under one year of age and the elderly are at the greatest risk of developing severe disease. While most RSV infections usually cause mild illness, infants aged less than 6 months frequently develop the most severe disease such as bronchiolitis and pneumonia, which may result in hospitalisation.

From 1 September 2024, 2 new respiratory syncytial virus (RSV) vaccination programmes will be introduced:

Programme for older adults aged 75 to 79 years old

All adults turning 75 years old on or after 1 September 2024 will be eligible for the routine programme and should be offered a single dose of the RSV vaccine. A one-off catch-up campaign for those already aged 75 to 79 years old on 1 September 2024 will be undertaken at the earliest opportunity.

Programme for pregnant women to protect infants

All women who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, will be offered a single dose of the RSV vaccine. After that, pregnant women will become eligible as they reach 28 weeks gestation and remain eligible up to birth.

Programme documents

[Respiratory syncytial virus \(RSV\) vaccination programmes letter](#)

24 June 2024 Correspondence

[RSV immunisation programme: JCVI advice, 7 June 2023 \(updated 11 September 2023\)](#)

11 September 2023 Independent report



UK Health
Security
Agency

RSV Vaccination Programme Launch Communications Plan

The programme

DHSC will announce two new routine RSV vaccination programmes

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graph TD; A[DHSC will announce two new routine RSV vaccination programmes] --> B[1. Maternal vaccine to protect infants]; B --> C[2. Older adults turning 75, alongside a catch-up programme for 75–79-year-olds.];
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1. Maternal vaccine to protect infants

2. Older adults turning 75, alongside a catch-up programme for 75–79-year-olds.

- The vaccination programme will commence from September 2024
- The offer will be all-year-round (not seasonal)
- The offer is a one-off offer for adults. For pregnant women it is offered in every pregnancy.
- Delivery model: Older adults from GPs & some community pharmacies. Maternal is through commissioned services.

Objectives and audiences

1. Raise awareness among key audiences about the programmes:
 - Expectant mothers & wider family
 - Older adults & wider family
 - Healthcare professionals (GPs and Imms professionals)
 - Key stakeholders including RCPCH, RC Midwives, RC Nursing, RCGPs, Health Visitors, Maternity Action & Age UK
2. Encourage high uptake of the RSV vaccine in eligible populations
3. Maintain credibility of new vaccine and reassure audiences and stakeholders about safety
4. Ensure clear messaging for expectant mothers on how the new vaccine is scheduled into the existing maternal vaccine programme.

Key Messages

(Note these will be refined for different audiences)

Maternal:

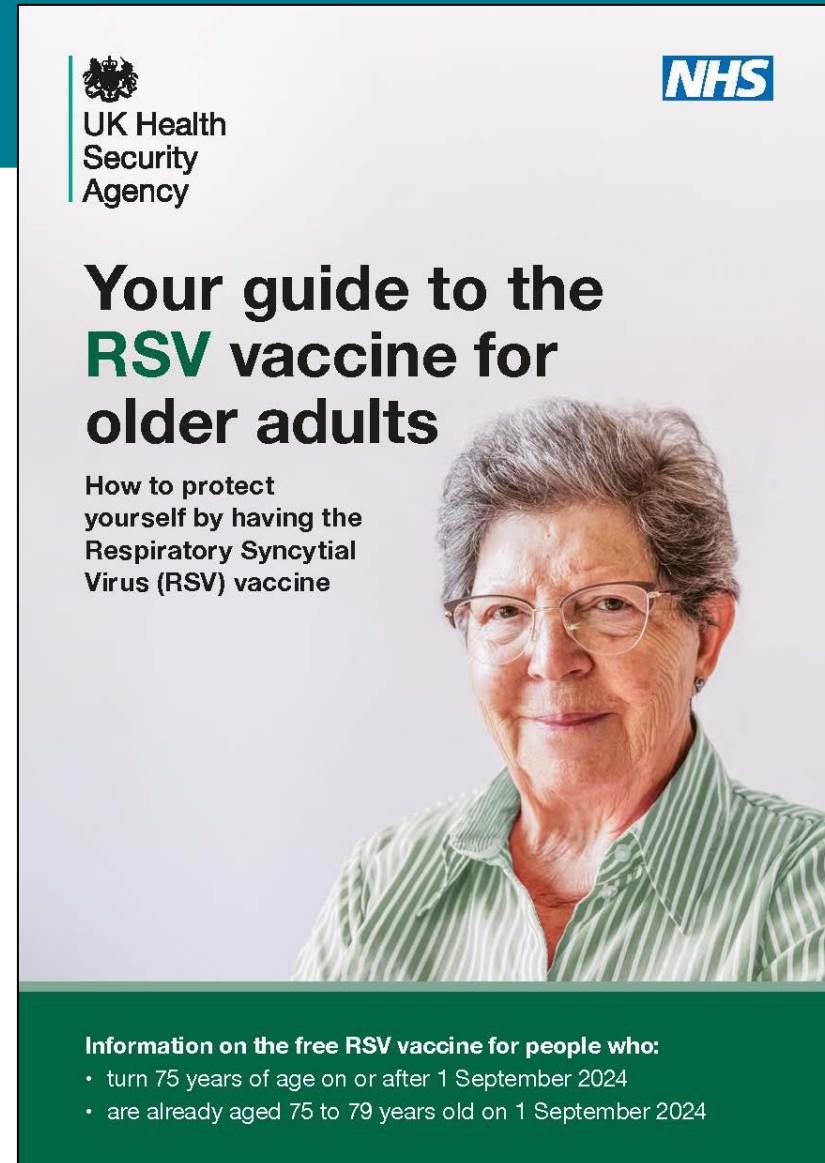
- From September 2024, pregnant women can have a vaccine to help protect their babies against RSV (**Respiratory Syncytial Virus**)
- You should be offered your vaccine around the time of your 28-week antenatal appointment
- Studies have shown the RSV vaccine is very safe for you and your baby
- A vaccine is needed in every pregnancy to give your new baby the best protection

Older Adults:

- A single dose of vaccine will help to boost protection as you reach an age group at highest risk of serious RSV infection.
- Everyone turning 75 years old on or after the 1 September 2024 will be offered a single dose of RSV vaccine.
- For the first year of the programme, the vaccine will also be offered to those who are already aged 75 to 79 years on 1 September 2024.
- RSV vaccine is given all year round

RSV leaflet for older adults

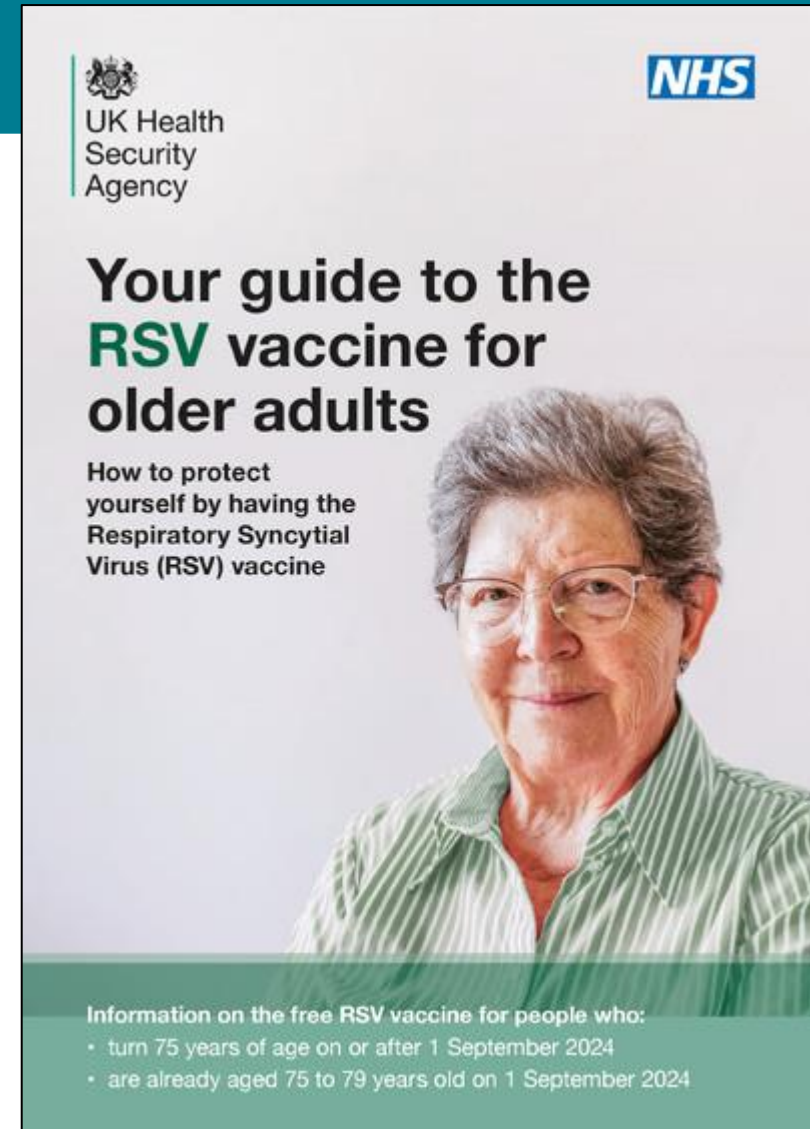
- This guide to the RSV vaccination for older adults aged 75 to 79. It contains the rationale for the programme, who is eligible and when they should have their RSV vaccine, safety and effectiveness, where to get more information and the symptoms of RSV.
- This leaflet can be ordered using product code: [C24RSV01EN](#)



It's time for your RSV vaccine poster

There is a poster aimed at older adults to promote the RSV vaccine. Copies should be ordered and displayed in any setting for older adults including those offering the vaccine.

You can order copies of this poster using product code: [C24RSV01EN](#)



RSV Leaflet for older adults – translations and accessible versions currently being produced

Translations of the leaflet will be available to order and download in: Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional), Dari, Estonian, Farsi, French, Greek, Gujarati, Hindi, Italian, Latvian, Lithuanian, Nepali, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Tigrinya, Turkish, Twi, Ukrainian, Urdu, Yiddish and Yoruba.

The poster and leaflets will also be available in a range of accessible formats:

1. BSL video (product code: C24RSV03BSL)
2. Large print (product code: C24RSV03LP)
3. Audio (product code: C24RSV03AU)
4. Braille (product code: C24RSV03BR)

Training and guidance slide set and health professional guidance, Green book chapter, will be published shortly.

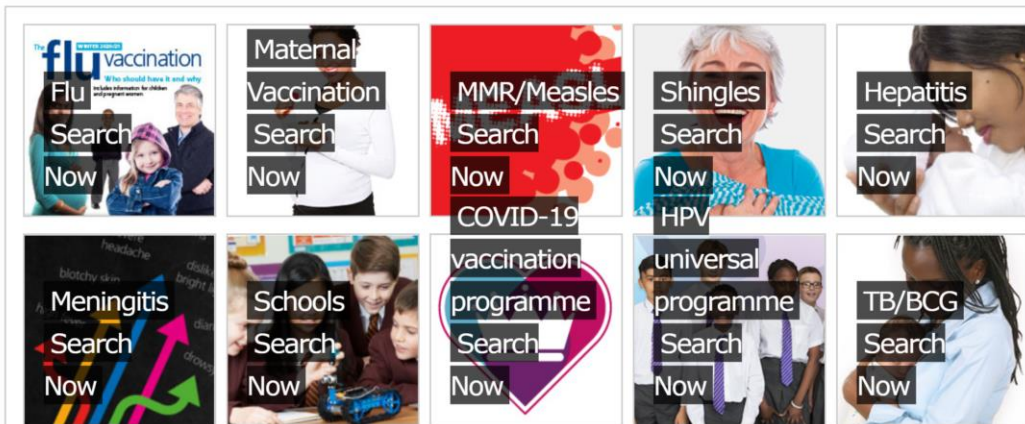
PGD will be published later and be available to download in advance of the start of the programme.

Where to find the RSV publications to order – free service for all settings including those vaccinating



The screenshot shows the NHS website header with the UK Health Security Agency logo and the NHS logo. Navigation tabs include Home, Order Publications, View Campaigns, Find Digital Assets, and Quiz. Below the header is an 'About this site' section with an information icon. The text reads: 'On this website you can order and download publications created by The Department for Health and Social Care Health Security Agency (UKHSA). The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases. It features all our new publications, Green Book chapter updates and the latest developments in view past issues here and register to receive the newsletter.'

Health Publications



A grid of ten search tiles for various health publications. Each tile includes a title, a 'Search' button, and a 'Now' indicator. The tiles are: 'The flu vaccination', 'Maternal Vaccination', 'MMR/Measles', 'Shingles', 'Hepatitis', 'Meningitis', 'Schools', 'COVID-19 vaccination programme', 'universal programme', and 'TB/BCG'.

[Health publications website](#)

Free service

Deliveries 3-5 working days

Short link:

<https://qrco.de/healthpubs>

Resources to support health professionals delivering the routine vaccinations and looking after pregnant women



Have you registered for Vaccine Update – Immunisation bulletin – RS/ special issue coming soon

CQC endorsed – ‘registering and reading Vaccine update is one of the indicators of best practice’
<https://www.gov.uk/government/collections/vaccine-update>

Audience:
 Screening and immunisation teams, clinics, GP practices, practice nurses, midwives, student nurses, health professionals and anyone with an interest in the UK vaccination programmes.

One stop shop for policy, supply or vaccine programme implementation including the training, guidance documents, examples of best practice, implementation guidance and patient facing resources to promote the campaign.

Register for the free bulletin here: [Sign up to receive the Vaccine update newsletter.](#)

Vaccine Update
 Issue 326 - April 2022

Gay and bisexual men and those aged 15 and over to receive 2 doses of the HPV vaccine

People with HIV or known to be immunocompromised will continue to receive 3 doses.

CONTENTS
 Main points about the changes to the programme
 Why has the vaccine been changed?
 HPV vaccine dramatically reduces cervical cancer
 How safe is it?
 Does the HPV vaccine influence oral health?
 Green to be immunisation - HPV chapter 18 A has been published
 Training and guidance
 Gender 8 - questions and answers
 Adolescent HPV immunisation programme - vaccine coverage collection
 MSM HPV immunisation programme - vaccine coverage collection
 The school year 8 HPV vaccine video
 An update on cancer in school video
 HPV vaccination resources for gay, bisexual and MSM
 Health professional resources
 Registering for a new or updating your existing Inform vaccine information document
 Message UK drivers delivering centrally supplied products are not able to phone delivery points

Vaccine Update
 COVID-19 special • Issue 330 June 2022

120 million doses of COVID-19 vaccine given in England

Thank you to all the vaccinators, vaccinees, and all of the teams working so hard to give the COVID-19 vaccinations - every one is a great step forward. It's been 1 year and over 5 months since the COVID-19 vaccination programme started across the UK. Since 9 December 2020, when Margaret Keenan became the first person in the world to receive her first vaccine, there has been more than 142,870 million vaccinations given across the country. We are seeing good uptake of COVID-19 Spring booster vaccinations which are being offered to people aged over 16 years of age, adult care home residents and individuals aged 16 years and over who are immunosuppressed. We really want to encourage anyone eligible who has not yet come forward to have their vaccines to make an appointment. Having positive vaccination conversations and linking to trusted sources on information can help to address any concerns and build confidence to then take up the offer.

People vaccinated
 First dose total 53,968,016
 Second dose total 69,092,024

CONTENTS
 Spring 2022 Autumn COVID-19 boosters
 COVID-19 Mailing Update
 Vaccination programme
 Insights and communications
 Mailing Update
 Impact
 Successes and challenges
 Engagement and communication strategies in the Mailing Update COVID-19 Vaccination programme
 Green to be immunisation chapter 18 A COVID-19
 Resources for eligible patients, their partners and carers

Vaccine Update
 Issue 324 - November 2021

Flu vaccination programme

In 2021 to 2022 the expanded influenza vaccination programme continues as part of our wider winter planning when we are likely to see both influenza and COVID-19 in circulation. This means that alongside the usual eligible groups, all 65 to 84 year olds are being offered influenza vaccination and the programme is being further expanded into secondary schools up to Year 11 for the first time. In order to support the expanded vaccination programme and achieve even higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines (see the Vaccine Supply section for more details). As a result of COVID-19 restrictions influenza activity levels were exceptionally low.

CONTENTS
 Vaccine Availability Letter
 Update for vaccinees: Your Immunisation Agent: Vaccine Update (the Green Book)
 Collection and communication for 2021-2022 influenza season
 Patient Group Incentive (PGI)
 Vaccine coverage for medical staff
 Inform vaccine information document
 Vaccine health care services
 Health professional resources
 Training and guidance
 Flyer and leaflet for vaccinees
 Flyer and leaflet for health care workers
 Vaccine information for schools and colleges
 Vaccine information for care homes and residential care
 Flyer for 2021-2022 influenza season
 Flyer for 2021-2022 influenza season

Vaccine Update
 Issue 328 - May 2022

Do they know it's shingles?

Changes to the NHS neonatal Bacillus Calmette-Guérin (BCG) immunisation programme

SCID and TB a BCG Vaccine Update Special

CONTENTS
 Shingles - a good news story for older people
 BCG - a good news story for babies and young children
 Changes to the BCG immunisation programme
 Training, advice and guidance
 COVID-19 programme vaccine coverage data collection
 BCG vaccination data from patient data partners
 We partner about the impact of the SCID mutation on BCG effectiveness
 Changes to the NHS neonatal Bacillus Calmette-Guérin (BCG) immunisation programme
 Attention to patients, caregivers and health professionals
 Training, advice and guidance
 COVID-19 programme vaccine coverage data collection
 BCG vaccination data from patient data partners
 We partner about the impact of the SCID mutation on BCG effectiveness

Vaccine Update
 Issue 327 - May 2022

Changes to the NHS neonatal Bacillus Calmette-Guérin (BCG) immunisation programme

The BCG immunisation programme was introduced in the UK in 1953 and has undergone several changes in response to changing trends in tuberculosis (TB) epidemiology. The BCG vaccine is a live attenuated vaccine and is not given as part of the routine vaccination schedule but only when a child is at increased risk of coming into contact with TB. Eligible babies include all newborns whose parents or grandparents were born in a country where the annual incidence of TB is 40 per 100,000 or greater, and/or newborn babies living in areas of the UK where the annual incidence of TB is 40 per 100,000 or greater.

The BCG vaccine has been offered to babies that fell into one of the above categories soon after birth, often whilst the baby is still in hospital. The evaluation of the addition of screening for Severe Combined Immunodeficiency (SCID) to the routine newborn screening list at 5 days of age made it necessary to move the BCG vaccination to when a SCID screening outcome will be available, which may be available from around day 14 to 17 after birth. This is to ensure that babies with SCID are not given the live attenuated BCG vaccine which is contraindicated in these babies.

CONTENTS
 Changes to the NHS neonatal Bacillus Calmette-Guérin (BCG) immunisation programme
 Attention to patients, caregivers and health professionals
 Training, advice and guidance
 COVID-19 programme vaccine coverage data collection
 BCG vaccination data from patient data partners
 We partner about the impact of the SCID mutation on BCG effectiveness

Vaccine Update
 Issue 339 - June 2023 - HPV Special

Changes to the HPV Universal Programme

We are delighted to announce that from 1 September 2023, the universal and MSM human papillomavirus (HPV) vaccination programmes will change from a 2-dose to a one-dose HPV vaccine schedule for eligible adolescents and gay, bisexual and other men who have sex with men (GBMSM) aged under 25 years.

The JCVI regularly reviews all vaccination programmes and considers new evidence as it emerges. The Committee has been considering the potential decision for several years and now considers that there is strong evidence in favour of moving to 1 dose. This view aligns with recent advice from the World Health Organization's SAGE committee. The HPV programme in the UK targets girls and boys aged 12 to 13 and is currently given as a 2-dose course. Under the new advice, all young people will be eligible for 1 dose as part of the routine adolescent programme.

CONTENTS
 Routine adolescent and universal programme
 Men who have sex with men (MSM) HPV programme schedule
 UKMSA National HPV programme schedule
 Change to the UKMSA Programme
 Change in schedule for the routine adolescent HPV programme and for the universal and MSM HPV programme
 Training and guidance
 UKMSA National HPV programme schedule
 Registering for a new or updating your existing Inform vaccine information document
 Message UK drivers delivering centrally supplied products are not able to phone delivery points
 MMR vaccine ordering



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Order stocks of all of the resources on
Health Publications website

<https://www.healthpublications.gov.uk/Home.html>

or phone 0300 123 1002



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Q&A

Co-administration of Abrysvo[®] with other vaccines for older adults*

Vaccine	Routine co-administration acceptable	Interval between vaccines
Seasonal influenza	Not routinely recommended	no specific interval (could co-administer if unlikely individual would return for subsequent appointment or immediate protection required)
COVID	Not routinely recommended	no specific interval (could co-administer if unlikely individual would return for subsequent appointment or immediate protection required)
Other inactivated/non-live vaccines (e.g. Pneumococcal, Shingrix)	Yes	Concomitantly or any interval

*guidance specific to older adults RSV programme